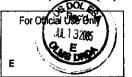
U.S. Department of Labor Office of Labor-Management Standards Washington, &C 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Opicial USE 9 hy



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 29/6	2. Fiscal Year Covered From:	
	1 / 1 / 04 Through: (2 / 31 / 04	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Michae J Cook	Name Brinkleyers and Allied Constructors Local 1 MM/NO	
	Labor Organization File Number 530/6	
P.O. Box, Bldg., Room No., if any Suite #328	P.O. Box, Building and Room Number, if any Su;+c #328	
Street 312 Central Avenue	Street 312 Central Avenue	
City Minneapolis	City Minneyolis	
State Minneyota ZIP Code + 4 55414	State Minnesote ZIP Code + 4 55414	
5. Position in labor organization. Executive Vice President	leut	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Non-e		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
	parameter 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Milas Cook	On 7-5-05 612-379-2966 Date Telephone Number	

Name of Person Filling Michael J Cook	File Number U- 29/6	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Zenith Administrators		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any Suitc #325	c. Employer	
Street 2520 Pilot Knob Road	C. Employer	
City Mendota Heights		
State Minnesota ZIP Code +4 55/20		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name BAC MN/ND Trust Funds	Third Party Administrators	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite #325		1
Street 2520 Pilot Knob Road	11.b. Approximate dollar value of such dealing. 582,562.0	ਗ
City Mendata Heights		_
rendo/E fleigh) >	12.a. Nature of interest held or income received.	_
City Mendota Heights State Minnesota ZIP Code + 4 55120	Golf Outing + Dinner 8-20-04	
J J		The state of the s
J J		
J J	Golf Outing + Dinner 8-20-04 12.b. Amount. 1009	
State Minnesota ZIP Code + 4 55120 C. Received from any employer (other than an employer covered under	Golf Outing + Dinner 8-20-04 12.b. Amount. 1009	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	Golf Outing + Dinner 8-20-04 12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Golf Outing + Dinner 8-20-04 12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount.	
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